



TOWN OF ROCKPORT

BOARD OF HEALTH

34 Broadway

Rockport, Massachusetts 01966

Telephone 978 -546-3701

www.rockportma.gov/board-health

APPLICATION FOR RETAIL SALE PERMIT TO SELL TOBACCO PRODUCTS

Fee: \$125.00 payable to *Town of Rockport*

A late fee of \$50 will be charged if application *not received by November 30.*

1. THIS APPLICATION IS FOR: ☐ NEW PERMIT ☐ RENEWAL
2. NAME OF RETAIL ESTABLISHMENT (as it appears on your Town of Rockport Business License):

3. ALTERNATE NAME OF ESTABLISHMENT (DBA) (other name under which the business operates):

4. LOCATION OF ESTABLISHMENT: _____ MAILING ADDRESS (if different from LOCATION): _____

Address Line 1 Address Line 1

Address Line 2 Address Line 2

City State Zip Code City State Zip Code
5. HOURS OF OPERATION: _____ to _____ DAYS OF OPERATION: _____ thru _____
6. TYPE OF BUSINESS OWNERSHIP: ☐ Chain-Owned ☐ Independently Owned
7. BUSINESS CATEGORY: ☐ Grocery Store ☐ Convenience Store ☐ Other (describe): _____
8. TYPE OF RETAIL TOBACCO SALES PERMIT:
☐ Cigarette ☐ Cigar & Other Related Tobacco ☐ Electronic Cigarette
For each type of Tobacco Sales Permit, please attach current MA Department of Revenue License(s)
9. NAME OF ESTABLISHMENT MANAGER/OWNER: _____
10. PHONE: _____
11. EMAIL ADDRESS: _____

Pursuant to M.G.L. Chapter 62 C. Section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under the law.

I declare that I have read the Rockport Board of Health Regulation restricting the sale of tobacco products and nicotine delivery products and I accept responsibility for instructing any and all employees who will be responsible for tobacco sales regarding these regulations. The regulations are available at www.rockportma.gov/board-health

Owner's Social Security # or Federal ID # _____

Signature of Applicant or Corporate Officer _____

Date _____